

L220000104271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

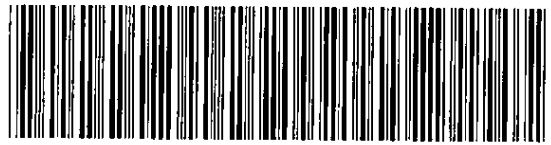
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 20 PM 1:19
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adrenaline Adventures LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Todd Alan Frank

(Contact Person)

Adrenaline Adventures LLC

(Firm/Company)

6793 Overseas Hwy Apt 16

(Address)

Marathon, FL 33050

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan E Klock

305 613-7587
at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Adrenaline Adventures LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L22000104271.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/25/2022
4. I, Susan Elizabeth Klock, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member

(Print Title)

Filing Fee: \$25.00 (Required)
 Certified Copy: \$30.00 (Optional)